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Why Non-Communicable Diseases Struggle for Policy Priority in Low- and Middle-Income Countries: A Multiple Streams and Legitimacy–Feasibility–Support Analysis

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Abstract— *Non-communicable diseases (NCDs) have become a major global public health challenge, particularly in low- and middle-income countries (LMICs), where they coexist with persistent communicable disease burdens. Despite increasing mortality and morbidity associated with NCDs, policy attention and financial investment remain concentrated on infectious diseases such as HIV/AIDS, tuberculosis, and malaria. This article examined why NCDs continue to struggle for policy priority in LMICs despite their growing epidemiological and socioeconomic burden. It further analysed the political, institutional, and governance factors influencing NCD agenda-setting. A conceptual policy analysis design was employed using a narrative literature review and a theory-guided interpretive analytical approach. Relevant scholarly literature, policy reports, and global health publications were critically reviewed and synthesised. The analysis was guided by Kingdon's Multiple Streams Framework and Hall et al.'s Legitimacy–Feasibility–Support Framework. The findings showed that weak problem recognition, donor dependency, complex multisectoral policy requirements, limited political incentives, and inadequate public mobilisation constrain NCD prioritisation in LMICs. Strengthening NCD policy prioritisation requires improved surveillance systems, integrated primary healthcare approaches, multisectoral governance, stronger policy entrepreneurship, and sustainable domestic financing mechanisms.*

Keywords— *Non-communicable diseases; health policy; agenda-setting; LMICs; donor dependency; health systems governance.*

I. Background

Non-communicable diseases (NCDs) have emerged as one of the most significant global public health challenges of the twenty-first century. Cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases collectively account for approximately 74% of global deaths, with a substantial proportion occurring in low- and middle-income countries (LMICs) (World Health Organization, 2023). Historically, health systems in many LMICs were primarily structured around the control of communicable diseases such as HIV/AIDS, tuberculosis (TB), malaria, and other infectious outbreaks. However, rapid urbanisation, demographic transitions, changing dietary patterns, reduced physical activity, tobacco consumption, and broader socioeconomic transformations have accelerated the epidemiological transition toward chronic diseases (Yach et al., 2004).

Sub-Saharan Africa increasingly faces a "double burden of disease" in which communicable diseases coexist with rising rates of NCDs. This burden places considerable pressure on fragile health systems characterised by financing constraints, workforce shortages, weak surveillance systems, and donor dependency. Despite the growing NCD burden, policy attention and financial commitments in many LMICs remain disproportionately concentrated on communicable disease programmes (Shiffman & Smith, 2007). Consequently, NCD prevention and control efforts remain underfunded, fragmented, and weakly institutionalised within national health systems.

Donor priorities, political incentives, commercial interests, and institutional path dependency continue to shape policy visibility within LMIC health systems (Vaughan & Delany-Crowe, 2020). Furthermore, NCDs are frequently framed as lifestyle-related conditions associated with individual behaviour rather than structural public health challenges requiring coordinated government intervention. This framing weakens political urgency and reduces the legitimacy of large-scale policy responses (Marmot, 2005). Against this background, understanding why NCDs struggle for policy priority in LMICs has become increasingly important globally. Examining the political, institutional, and governance factors influencing agenda-setting is therefore essential for strengthening equitable health policy responses and improving long-term prevention and control strategies in resource-constrained settings globally.

This article applies Kingdon's Multiple Streams Framework (Kingdon, 1995) and Hall et al.'s Legitimacy–Feasibility–Support Framework (Hall et al., 1975) to analyse the political and institutional factors influencing NCD agenda-setting. By integrating these theoretical perspectives, the article seeks to explain how problem recognition, policy feasibility, political support, donor influence, and governance structures interact to shape health policy priorities in LMIC contexts.

II. Objectives

The objective of the analyis was to examine why non-communicable diseases (NCDs) continue to struggle for policy priority in low- and middle-income countries (LMICs) despite

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their increasing epidemiological and socioeconomic burden. Specifically, the article analyses how political, institutional, and governance dynamics influence NCD agenda-setting using Kingdon's Multiple Streams Framework and Hall et al.'s Legitimacy–Feasibility–Support Framework. The article further explores the influence of donor dependency, domestic political incentives, and policy entrepreneurship on the prioritisation of NCDs within LMIC health systems.

III. Methods

This article employed a conceptual policy analysis design using a narrative literature review and a theory-guided interpretive analytical approach. Relevant scholarly literature, policy reports, and global health publications relating to non-communicable diseases (NCDs), health policy agenda-setting, donor financing, and health systems governance in low- and middle-income countries (LMICs) were critically reviewed and synthesised. Sources included peer-reviewed journal articles, World Health Organisation reports, United Nations publications, and foundational policy theory literature.

The analysis was guided by two complementary theoretical frameworks: Kingdon's Multiple Streams Framework (Kingdon, 1995) and Hall et al.'s Legitimacy–Feasibility–Support Framework (Hall et al., 1975). As illustrated in Fig. 1, Kingdon's Framework explains that policy change occurs when three independent streams converge: the problem stream, the policy stream, and the politics stream. The problem stream concerns the recognition of an issue as urgent; the policy stream focuses on the availability of feasible solutions; and the politics stream involves political conditions such as public mood, elections, and government priorities. When these three streams align, a "policy window" opens, creating opportunities for policymakers and policy entrepreneurs to place issues on the formal policy agenda.

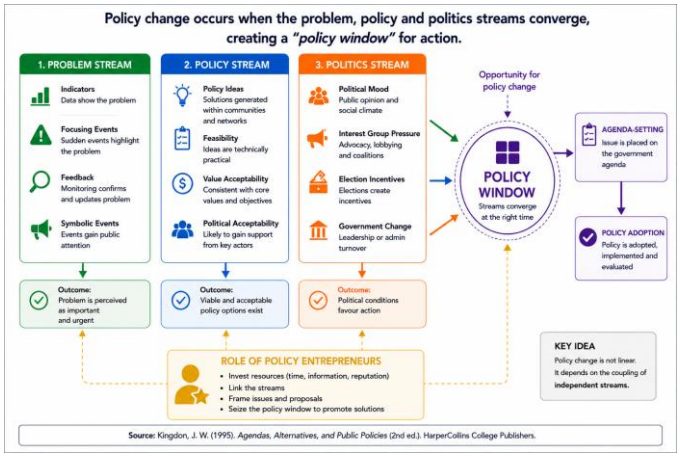

Figure 1: Kingdon's Multiple Streams Framework

According to the Hall et al.'s Legitimacy–Feasibility–Support Framework (1975), as shown in Fig. 2, policy issues are more likely to gain government attention when they meet three conditions: legitimacy, feasibility, and support. Legitimacy refers to whether government intervention is viewed as appropriate, feasibility concerns the government's technical and financial capacity to address the issue, and support relates to political backing from stakeholders, the public, and decision-makers. The framework helps explain why some issues receive sustained policy priority while others remain marginalised despite their significance.

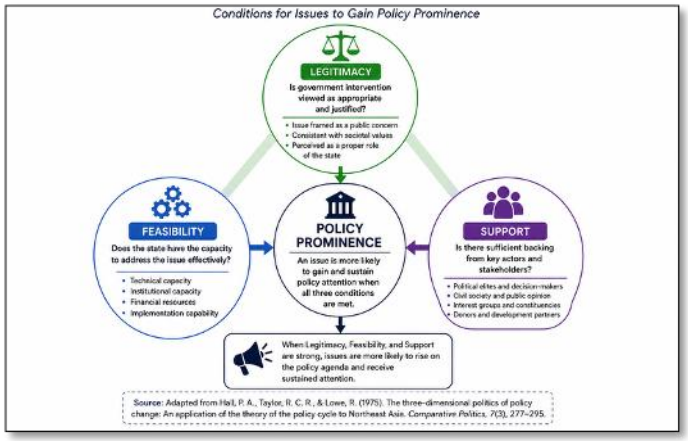

Figure 2: Hall's Legitimacy–Feasibility–Support Framework

These frameworks were used to interpret how political, institutional, and governance dynamics influence the prioritisation of NCDs within health policy agendas. The study adopted an interpretive-analytical approach to examine how problem recognition, policy feasibility, political support, donor dependency, and domestic political incentives interact to shape policy attention to NCDs in LMIC contexts.

Rather than generating primary empirical data, the article synthesises existing evidence and theoretical perspectives to provide a structured explanation for the persistent marginalisation of NCDs within national and global health policy systems.

IV. Results and Discussion

4.1 Problem Stream

Kingdon's Multiple Streams Framework suggests that issues gain policy attention when they are recognised as urgent public problems requiring government intervention (Kingdon, 1995). Although non-communicable diseases (NCDs) account for a growing proportion of global mortality, they often fail to generate the same political urgency as communicable diseases. Unlike infectious disease outbreaks such as Ebola, HIV/AIDS, and COVID-19, which emerge rapidly and attract immediate public and media attention, NCDs develop gradually over long periods. Conditions such as hypertension and diabetes frequently progress silently before resulting in severe complications including stroke and cardiovascular disease. This gradual progression weakens the perception of crisis and reduces political urgency.

Policymakers are generally more responsive to highly visible emergencies that threaten social stability or attract international concern (Frenk et al., 2014). Consequently, communicable diseases continue to dominate health agendas because they are associated with immediate mortality, epidemic risk, and global health security. In many LMICs,

NCDs are framed as lifestyle-related conditions linked to smoking, alcohol use, unhealthy diets, and physical inactivity. This framing shifts responsibility onto individuals and weakens recognition of NCDs as structural public health challenges that require coordinated government intervention (Marmot, 2005). Weak surveillance systems further reduce visibility, limiting evidence available for policymaking. Without strong local data demonstrating the magnitude and economic consequences of NCDs, policymakers may continue prioritising diseases perceived as more immediate or externally funded.

4.2 Policy Stream

The policy stream concerns the development and refinement of policy solutions to address identified problems (Kingdon, 1995). Although evidence-based interventions for NCD prevention and control exist, many governments perceive these interventions as technically complex, politically difficult, and financially demanding. Unlike communicable disease programmes that often rely on targeted treatment protocols or vaccination campaigns, effective NCD prevention requires multisectoral approaches extending beyond the health sector. Tobacco taxation, regulation of unhealthy food industries, urban planning reforms, physical activity promotion, environmental regulation, and health education all require coordination across multiple ministries and stakeholders (Magnusson et al., 2019). This complexity creates implementation challenges, particularly within LMICs characterised by limited institutional capacity and fragmented governance systems. Governments may perceive NCD interventions as administratively burdensome because they require long-term behavioural change, regulatory reforms, and sustained political commitment. Furthermore, the outcomes of preventive interventions are often long term and difficult to measure politically. Politicians operating within short electoral cycles may therefore prioritise interventions that generate immediate and visible outcomes. Institutional capacity constraints also weaken policy feasibility. Many LMIC health systems evolved around donor-funded vertical programmes focused on communicable diseases. Consequently, infrastructure for chronic disease management, including screening systems, laboratory services, specialised personnel, and continuous medicine supply chains, remains underdeveloped. Within such contexts, comprehensive NCD strategies may appear financially unsustainable and institutionally unrealistic.

4.3 Politics Stream

The politics stream significantly influences health agenda-setting within LMICs. Historically, communicable diseases received exceptional global political attention because of their perceived international security implications and transmissibility. Large-scale global health financing initiatives such as PEPFAR and the Global Fund mobilised substantial resources toward HIV/AIDS, tuberculosis, and malaria programmes (Shiffman & Smith, 2007). These donor-supported programmes not only strengthened infectious disease control but also shaped national institutional arrangements, workforce deployment, infrastructure investment, and health governance priorities. Consequently, many governments aligned national health agendas with donor priorities in order to secure external financing. This created institutional path dependency in which communicable disease programmes became deeply embedded within health systems (Vaughan & Delany-Crowe, 2020).

Domestic political incentives further disadvantage NCDs. Politicians frequently favour highly visible interventions that might produce immediate electoral results, such as tertiary hospitals, specialized equipment, or large-scale infectious disease campaigns. Preventive NCD interventions, by contrast, frequently produce benefits only over the long term and may not generate immediate political rewards. Commercial interests also shape the politics stream. Tobacco companies, alcohol industries, and processed food corporations may resist taxation, advertising restrictions, and regulatory reforms targeting unhealthy products. Governments seeking economic growth and investment may therefore hesitate to implement policies perceived as anti-business or politically unpopular. Moreover, preventive health policies often require behavioural changes without producing immediately visible outcomes. This weakens public mobilisation and reduces pressure on political leaders to prioritise NCD prevention.

4.4 Legitimacy, Feasibility, and Support

Hall et al.'s Legitimacy–Feasibility–Support Framework provides an additional explanation for the marginalisation of NCDs within policy agendas (Hall et al., 1975). According to the framework, policy issues are more likely to gain prominence when they are perceived as legitimate, feasible, and politically supported. The legitimacy of NCD intervention remains contested in many LMIC contexts. Infectious diseases are traditionally viewed as collective public health threats requiring strong government intervention. By contrast, NCDs are frequently interpreted through individualistic perspectives emphasising personal responsibility. This weakens support for large-scale regulatory and preventive interventions. Policies such as sugar taxes, tobacco regulation, and restrictions on unhealthy food marketing are sometimes criticised as economically restrictive or paternalistic (Magnusson et al., 2019). Feasibility concerns further constrain NCD policy implementation.

Effective NCD management requires sustained financing, strong primary healthcare systems, reliable medicine supply chains, laboratory services, and long-term patient monitoring. Many LMICs continue to face severe fiscal and institutional limitations, making governments reluctant to prioritise expensive long-term preventive programmes. Political and societal support for NCD policies also remains weaker than for communicable diseases. HIV/AIDS activism generated powerful global advocacy networks, donor mobilisation, and civil society engagement (Shiffman, 2007). NCD advocacy, however, has historically been less coordinated and less visible. The absence of dramatic crisis narratives reduces media attention and weakens public mobilisation around NCD prevention and control.

4.5 Donor Dependency and Policy Entrepreneurship

Donor dependency remains one of the most important structural factors influencing health policy priorities in LMICs. Historically, external funding for communicable diseases significantly shaped national health systems, workforce structures, and programme priorities. Because NCDs have attracted comparatively less donor financing, governments operating in constrained fiscal environments often continue to prioritise donor-supported infectious disease programmes. This financing imbalance contributes to institutional dependency and limits domestic investment in NCD prevention and management. In many cases, governments allocate resources to externally funded, politically visible programmes rather than to chronic disease prevention initiatives whose benefits may only emerge over time. Policy entrepreneurs therefore play a critical role in repositioning NCDs within national policy agendas.

Stronger epidemiological surveillance and economic evidence are essential for demonstrating the developmental and financial consequences of NCDs. Framing NCDs as threats to productivity, poverty reduction, workforce sustainability, and national development may strengthen political urgency. Coalition-building is equally important. Effective advocacy requires collaboration among ministries of health, finance, education, and agriculture, as well as civil society organisations, academia, and professional associations. Integrating NCD services into existing primary healthcare platforms may also improve feasibility by utilising existing infrastructure and reducing implementation costs. Policy entrepreneurs should additionally exploit policy windows created by health crises, Universal Health Coverage reforms, and health security debates. The COVID-19 pandemic demonstrated the vulnerability of populations living with NCDs and created opportunities to reposition chronic diseases as central public health and development concerns (WHO, 2022). Finally, strengthening domestic financing mechanisms, including taxation of tobacco, alcohol, and sugar-sweetened beverages, may reduce donor dependence while supporting NCD prevention programmes (Nishtar et al., 2018).

Table 1 summarises the major political, institutional, and governance factors constraining the prioritisation of non-communicable diseases within LMIC health policy agendas.

Table 1: Key Factors Constraining NCD Policy Priority in LMICs

Factor	Explanation	Policy Implication
Weak problem recognition	NCDs develop gradually and lack crisis visibility	Reduced political urgency
Donor dependency	Funding remains concentrated on communicable diseases	Skewed national priorities
Political incentives	Politicians prefer visible short-term interventions	Prevention receives less attention
Institutional limitations	Weak health systems constrain implementation	Low feasibility of NCD strategies
Commercial interests	Industries resist regulation of unhealthy products	Delayed policy reforms
Weak public mobilisation	NCD advocacy less visible than HIV/AIDS activism	Reduced political support

Source: Author

V. Conclusions

Non-communicable diseases continue to pose a major public health and development challenge in low- and middle-income countries, yet they remain insufficiently prioritised within many national health policy agendas. Using Kingdon's Multiple Streams Framework and Hall et al.'s Legitimacy–Feasibility–Support Framework, this article demonstrates that the marginalisation of NCDs is influenced not only by epidemiological trends but also by political, institutional, and governance dynamics. The analysis shows that weak problem recognition, complex multisectoral policy requirements, limited political incentives, donor dependency, and inadequate public mobilisation collectively constrain the advancement of NCD policy.

Historical financing structures and institutional path dependency continue to favour communicable disease programmes, while preventive NCD interventions are often perceived as long-term, politically difficult, and economically burdensome. Addressing these challenges requires stronger policy entrepreneurship, improved surveillance systems, integrated primary healthcare approaches, multisectoral governance, and sustainable domestic financing mechanisms. Reframing NCDs as economic, developmental, and health security concerns may strengthen their legitimacy and increase political urgency within LMIC policy environments. Without deliberate policy shifts and stronger institutional commitment, LMICs risk facing escalating healthcare costs, widening health inequalities, declining productivity, and increasing pressure on already fragile health systems.

VI. Recommendations

1. *Strengthen National NCD Surveillance Systems:* Governments should invest in robust surveillance and health information systems that accurately monitor NCD prevalence, mortality, risk factors, and their socioeconomic impacts. Reliable epidemiological data are essential for strengthening problem recognition, informing evidence-based policymaking, guiding resource allocation, and evaluating the effectiveness of prevention and control interventions. Improved surveillance would also support advocacy efforts by demonstrating the true burden of NCDs.
2. *Integrate NCD Services into Primary Healthcare:* NCD prevention, screening, treatment, and long-term management should be integrated into existing primary healthcare platforms, including HIV, maternal and child health, and community health services. Such integration would maximise existing infrastructure and human resources, improve continuity of care, enhance early diagnosis, and increase access to essential services while promoting more efficient and sustainable health systems.
3. *Increase Domestic Financing for NCD Programmes:* LMIC governments should strengthen domestic resource mobilisation to reduce excessive dependence on external donor funding. Innovative financing mechanisms, including taxes on tobacco, alcohol, and sugar-sweetened beverages, should be expanded to generate sustainable resources for NCD prevention and treatment while simultaneously discouraging unhealthy behaviours. Greater domestic investment would enhance national

ownership and improve the long-term sustainability of NCD programmes.

4. *Promote Multisectoral Governance Approaches:* Since the determinants of NCDs extend beyond the health sector, governments should strengthen collaboration among ministries responsible for health, finance, education, agriculture, trade, transport, urban planning, and environmental protection. Whole-of-government and whole-of-society approaches are essential for addressing the social, commercial, and environmental determinants of NCDs and ensuring coherent, coordinated policy responses.
5. *Strengthen Advocacy and Policy Entrepreneurship:* Civil society organisations, professional associations, researchers, academia, and development partners should intensify advocacy efforts to reposition NCDs as national development, economic, and health security priorities. Building broad policy coalitions, generating robust economic evidence, engaging the media, and strategically exploiting policy windows can increase political commitment, strengthen public support, and elevate NCDs on national and global health policy agendas.

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